



CHESHIRE COUNTY COUNCIL

EDUCATION COMMITTEE

REPORT

FOR THE YEAR

1948

BY THE

Chief School Medical Officer

STAFF

Chief School Medical Officer:

ARNOLD BROWN, M.B., Ch.B., D.P.H.

Deputy School Medical Officer:

B. G. GRETTON-WATSON, M.A., M.B., B.Ch., D.P.H.

Senior Assistant School Medical Officer:

H. CRAIG, L.R.C.P. & S., L.R.F.P.S.

Assistant County Medical Officers:

J. G. BENNETT, M.D., Ch.B.

ENA CANT, M.B., Ch.B.

R. CARGILL, M.B., Ch.B.

R. J. CLARK, M.B., Ch.B., D.P.H.

JENNY CRAIG, M.B., Ch.B., D.P.H.

GWENDOLINE EDWARDS, M.B., B.S., D.P.H.

AITOLIA ENGLISH, M.R.C.S., L.R.C.P., M.B., B.S., D.C.H.

J. S. B. FORDE, M.R.C.S., L.R.C.P.

CHRISTINA LAING, M.B., Ch.B.

EDITH MCKNIGHT, M.B., Ch.B., D.P.H.

JESSIE TOUGH, M.B., Ch.B., D.P.H.

GLADYS WILKINSON, M.R.C.S., L.R.C.P.

Divisional School Medical Officers:

Altrincham—

D. LONGBOTTOM, M.B., Ch.B., D.P.H.

Bebington—

D. O. MACDONALD, M.B., Ch.B., D.P.H.

Cheadle and Wilmslow—

D. G. ANDERSON, M.B., Ch.B., D.P.H.

Crewe—

J. D. INGRAM, M.D., D.P.H., D.M.R.E.

Deeside—

J. HATTON, M.D., D.P.H.

Ellesmere Port—

W. J. BIRCHALL, M.B., M.R.C.S., L.R.C.P., D.P.H.

Hyde—

F. W. C. BROWN, M.D., D.P.H.

Macclesfield—

H. R. DUGDALE, M.B., Ch.B., D.P.H.

Mid-Cheshire—

W. S. SLATER, M.B., M.R.C.S., D.P.H.

Nantwich—

A. L. THORBURN, M.D., B.A.O., D.P.H.

N.E. Cheshire—

C. G. K. THOMPSON, M.B., Ch.B., D.P.H.

Runcorn—

E. N. H. GRAY, L.R.C.P. & S., L.M., D.P.H.

Sale and Lymm—

A. T. BURN, M.B., B.S., D.P.H.

S.E. Cheshire—

C. D. CORMAC, M.B., Ch.B., D.P.H.

Stalybridge and Dukinfield—

T. HOLME, M.B., Ch.B., D.P.H.

Paediatricians (Part-time):

J. D. ALLAN, M.D., F.R.C.P.
T. E. D. BEAVAN, M.B., Ch.B., M.R.C.P., D.C.H., L.D.S.

Ophthalmic Surgeons (Part-time).

A. HOLMES-SMITH, M.A., M.B., B.Chir., D.O.M.S.
C. JACOBS, M.D., M.B., B.S.
W. DUNLOP HAMILTON, M.B., B.Ch., D.O.M.S.
W. E. LAWSON, M.B., Ch.B., D.P.H.

Orthopaedic Surgeons (Part-Time):

C. MURRAY DRONSFIELD, M.B., Ch.B.
J. ROWLAND HUGHES, F.R.C.S.
J. L. MANGAN, F.R.C.S.I.
H. POSTON, M.B., B.Ch., B.A.O.
R. ROAF, M.A., F.R.C.S.
D. WAINWRIGHT, M.Ch. (Orth.), F.R.C.S.

Ear, Nose and Throat Surgeons (Part-time).

E. M. INNES, B.Sc., M.B., Ch.B., F.R.C.S.
G. E. ARCHER, M.B., Ch.B., F.R.C.C., D.L.O.
H. V. FORSTER, M.B., Ch.B.,
R. J. F. MARTIN, M.B., Ch.B., D.L.O.

School Dental Surgeons:

H. R. PARRY L.D.S. (Senior)
E. J. BERMINGHAM, L.D.S.
E. BRADLEY, L.D.S.
H. FOULKES, L.D.S., R.C.S. (Eng.).
J. M. GIBBONS, L.D.S.
E. C. GRIFFIN, L.D.S.
LOLA HALL, L.D.S.
A. F. HELY, L.D.S.
R. H. HURST, L.D.S.
H. JACKSON, L.D.S.
BETTY JACQUES, B.D.S., L.D.S.
LISBETH KIPPEN, L.D.S., D.P.D.
F. E. LOCKWOOD, L.D.S.
H. P. MEEK, L.D.S.
E. S. POULTER, L.D.S.
ISABEL SAUNSBURY, L.D.S.
H. W. S. SHEASBY, L.D.S.
DOROTHY WALKER, L.D.S.

Health Visitors and School Nurses: 92.

Dental Nurses and Attendants: 22.

Speech Therapists.

KATHLEEN JONES, L.C.S.T.
MELBA LOWES, L.C.S.T.
RUTH RITSON, L.C.S.T.

Chief Administrative Assistant: VINCENT O'CONNOR.

ANNUAL REPORT

OF THE

CHIEF SCHOOL MEDICAL OFFICER

FOR 1948

*To the Chairman and Members
of the Education Committee.*

Madam Chairman, Ladies and Gentlemen,

I have the honour to present my annual report on the Schools Health Service dealing with the work done during the year 1948.

This has been a year of noteworthy development, but also of some difficulty arising out of the inception of the National Health Service on 5th July, 1948.

Two Paediatricians were appointed at the beginning of the year, one based on West Park Hospital, Macclesfield, who commenced duty in May, and the other based on Clatterbridge Hospital and Chester Royal Infirmary, who took up his appointment in July. Great benefit has accrued from these appointments, and from other recent appointments of Specialists (see 1947 report), as there is now no part of the County so remote that a convenient journey cannot be made to obtain the advice of specialists in Child Health, Ophthalmology, Orthopaedics and Diseases of the Ear, Nose and Throat under the Schools Health Service. The appointments have also had great value in that it has been possible for the School Medical Staff to attend ward rounds and classes at Hospitals by arrangement with these Specialists. A further advantage from these appointments has been that the Schools Health Service receives information as to admissions and discharges from hospitals when the County Council Specialists are concerned. I do not often receive this information from Hospitals not attended by these Specialists.

Marion Camp was relinquished by the Education Authority on 31st December, 1948. The facilities provided by this institution for the education of Delicate Children have to some extent been replaced by the purchase of Torpenhow Open-Air Residential School from the Liverpool Hospital for Chest Diseases. Additional accommodation, however, is still required for the care and education of Delicate Children.

So far as Physically Handicapped pupils are concerned, Baycliffe (Lymm) will be a most useful addition to the means of providing education for children who are unable, by reason of physical handicaps, to attend school.

Although it was inevitable that the high fees payable to private Dentists under the National Health Service Act should attract School Dental Surgeons away from full-time salaried appointments, Cheshire does not seem to have been so much affected as some other Authorities. I wish to acknowledge the loyalty shown by the Dental Staff during a difficult period.

It will be noted from the report of the Senior Dental Surgeon that the work of equipping and opening Dental Clinics has proceeded well throughout the year.

The appointment of Dr. Hugh Craig as Senior Assistant School Medical Officer has been of the greatest possible value.

Investigations are now proceeding into the advantages to be gained from the establishment of an Audiometric Service to detect deafness in the youngest age groups of school children.

As most of the School Medical Staff are now qualified to ascertain Educational Sub-normality, this aspect of the Schools Health Service has developed considerably. By agreement with the Manchester Regional Hospital Board, the Mary Dendy Residential Special School is still available for those educationally sub-normal children requiring residential education, but the main method of education for children in this category who can remain at home will be by special attention in ordinary schools.

I acknowledge with gratitude the help and co-operation which I have invariably received from members of the Education Committee, the Director of Education, the County Architect, the Teachers at various schools and all the Staff of the Schools Health Department.

Your obedient servant,

30th September, 1949.

ARNOLD BROWN,

Chief School Medical Officer.

General Statistics

The Administrative County of Cheshire comprises 43 County Districts, namely 9 Municipal Boroughs, 24 Urban Districts and 10 Rural Districts.

The population estimated by the Registrar-General at mid-1948 was 795,590.

The total number of Schools in the educational area at 31-3-48, with their enrolments, was as follows:—

Primary	455	65084
Secondary (Grammar)	17	7920
,, (Modern)	49	14200

At the end of 1948, there were 73,685 children receiving school milk, and 50,467 receiving school meals.

Seven schools were closed by the Chief School Medical Officer in 1948 on account of infectious disease as compared with 2 in 1947.

The School Dental Service in 1948

Mr. H. R. Parry, Senior Dental Surgeon, reports:—

Staff—20 full-time Dental Officers.

The normal routine inspection and treatment have been carried out during the year. Of the 82,621 inspected, 43,485 were selected for treatment and 35,290, or 81%, actually treated. 34,795 temporary and 4,439 permanent teeth were extracted and 4,254 temporary and 36,309 permanent fillings inserted.

Other operations included:—

- 53 Crowns;
- 129 Root Fillings;
- 231 X-Rays;
- 75 Partial Dentures.
- 538 Orthodontic visits.

Treatment was again carried out during certain periods of the school holidays.

The percentage of appointments kept varied from 80% on the first day to 20% on the last day of the first week, and an odd one or two at the end of the second week.

The children realise that if they do not turn up during the holidays, they will be treated later during school hours and more often decide on the latter. This position I feel sure will improve considerably after being in operation a few more years.

The amount of work completed during the year is, in my opinion, quite satisfactory, especially when taking into consideration the fact that our first aim is always quality and not quantity.

The acceptance rate of 81% indicates that the children and their parents are well satisfied both with the standard of work and the understanding and sympathetic way the work is carried out.

We now have 4 Grade I Clinics fully equipped with
Electric Unit;
Pump Chair;
Shadowless Light;
Gas and Oxygen Apparatus, etc.
and one Clinic has also an X-Ray machine.

We also have 16 Grade II Clinics fully equipped with
Electric Engine;
Pump Chair;
Spittoon and Bracket Table;
Electric Sterilizer;
Shadowless Light;
Cabinet, etc.

and for these there are 9 Gas and Oxygen and one portable Gas and Oxygen apparatus.

The majority of the equipment has been acquired for 3 more clinics but not yet fitted.

At the beginning of 1945 there was only one pump chair and one electric engine, in fact only one fully equipped clinic in the County. We can therefore realise how very much the above clinics are appreciated by the dental officers, to say nothing of the children, their parents and the Head Teachers. On behalf of the staff I should like to thank all those concerned for providing us with such excellent clinics.

Once again, our sincere thanks are offered to all the Head Teachers for the considerable help and co-operation which they have shown during the year.

SPECIAL SERVICES REPORTS

Ear, Nose and Throat Service

During the first year's working of the County Ear, Nose and Throat Service much has been accomplished.

Mr. E. M. Innes, County Ear, Nose and Throat Surgeon, considers that the School Medical Officers and general practitioners throughout the County fully realise the effect that unhealthy nose and throat conditions can have on both the present and future health of a child. They have, he says, been very co-operative in sending such cases for examination and treatment.

"In cases where operative treatment was required," Mr Innes continues, "an attempt was made to give priority to the most urgent. Taking the waiting list as a whole, the time of waiting, though still long, compares very favourably with many other centres.

"A large amount of work has been carried out in the treatment of otitis media. The important point in these cases is early treatment. Those of fairly recent origin not only offer a very good chance of cure, with good hearing, but can be prevented from developing the various complications of the condition. Any case where hospital treatment would be useful was admitted immediately. The treatment of these cases involves not only treatment of the otitis media itself; in many, a predisposing cause can be found in the nose or throat, and this also requires treatment.

"An important feature of the service has been the treatment of deafness in children. Though in some of these cases, unfortunately, nothing can be done, many respond markedly when unhealthy conditions in the nasopharynx have been cleared up.

"There has been close co-operation between the E.N.T. and the Paediatric Service."

ATTENDANCES AT E.N.T. CLINICS

JULY—DECEMBER, 1948.

Alsager... ..	33	Hazel Grove	9
Altrincham	20	Macclesfield	38
Bollington... ..	21	Middlewich	5
Cheadle	10	Nantwich... ..	15
Congleton... ..	13	Northwich... ..	22
Crewe	19	Sale	12
Dukinfield	7	Sandbach... ..	35
Ellesmere Port	116	Wilmslow... ..	3
Frodsham	7	Winsford... ..	6

Ophthalmic Service

Mr. A. Holmes-Smith, County Ophthalmic Surgeon, contrasts the piecemeal manner in which clinics were formerly conducted by no fewer than seven doctors, with the new system by which most County clinics are taken by the one doctor. Cheshire has a scattered population, and apart from the Wirral and the areas near Manchester and Stockport, there are only two centres of population above 25,000, i.e. Macclesfield and Crewe. It is therefore the best policy to separate clinics as extensively as is reasonable, thus reducing patients' travelling time to a minimum. Despite this, much time may be wasted by patients from country areas where there are few transport facilities; in some of these Mr. Holmes-Smith proposes to visit the actual schools whenever there are a sufficient number of children to be examined, as difficulty of access is a frequent cause of failure to carry out treatment.

"The work of the health visitors," continues Mr. Holmes-Smith, "deserves comment. Their personality can make or mar a clinic; in Ophthalmology amongst children where heredity and environment are often of practical importance, their work is of great value.

"It was stated at the British Medical Association Annual Meeting that the School Medical Service overlaps general practitioners' work, and mention was made of its treatment of patients without reference to their own doctors. This raises a problem which your Ophthalmologist is attempting to solve by personal contact with practitioners throughout the County, allied with careful correspondence in appropriate cases. As a result of this approach, there is a slowly increasing number of children referred to the clinics by their own doctors.

"Presentation of statistics might lead the reader to suppose that the work is composed almost entirely of sight testing. This is a notion which I wish to dispel so far as Cheshire is concerned. All new patients are considered as attending for an ophthalmic consultation, and it is hoped that parents will always attend with their children, in order that they may gain an insight into their child's disability, its care and treatment.

"It is doubtful if even 25% of patients can be regarded as due solely to defective vision. The provision of spectacles may be incidental to many patients, but advice on ocular and general hygiene is usually equally necessary; posture, print, lighting, habits of close work, and diet may all be apposite—apart from those cases of muscular inco-ordination which will frequently respond to exercises by way of orthoptic treatment

“There is in Ophthalmology a largely preventive element, which it is hoped to develop. This applies especially to the early treatment of squint (preferably in children below school age) and to those cases referred on account of supposed inability to see, but whose inability to read is due to low intelligence or degrees of “word blindness”.

“In the first class of case the function of a “lazy” eye depends entirely upon adequate early treatment, and in the second, proper education along individual lines will enable some pupils to learn to read when otherwise they would remain illiterate. In this type of case there is need for more co-ordination between the school teacher and the Ophthalmologist.

“Patients with vision too defective to allow of normal schooling have been recommended for admission to the Partially Sighted School at Fulwood. I have visited this school and wish to make known the excellent work being done there. Unfortunately the lack of sufficient residential accommodation results in long delay between the recommendation for such education and the actual admission of the pupil.”

ATTENDANCES AT EYE CLINICS

JANUARY—DECEMBER, 1948

Alsager	207	Lymm... ..	98
Altrincham	144	Macclesfield	551
Bollington... ..	86	Marple... ..	71
Bredbury... ..	51	Middlewich	166
Cheadle	62	Nantwich	397
Cheadle Hulme	15	New Ferry	523
Congleton	124	Northwich... ..	327
Ellesmere Port	386	Romiley	10
Frodsham	133	Runcorn	805
Hazel Grove... ..	121	Sale	274
Heswall	226	Sandbach... ..	346
Hoole... ..	212	Tarporley... ..	69
Hoylake	133	Wilmslow	132
Knutsford	21	Winsford... ..	365

Paediatric Service.

The approach to the work of a County Paediatrician whose patients are largely drawn from school minor ailment clinics requires a mind flexible yet orderly, at once academic and yet able to retain the essential quality of human interest, a mind capable of seeing not only the disease itself, but the possible effect of the disease or resultant disability on mental development, psychological outlook, and the eventual integration and assimilation into society of the individual as citizen and parent. To review a year's progress in the light

of this concept is at first sight to see very little. Dr. J. D. Allan, County Paediatrician, however, commenting on the office, the laboratory, and the full-time secretary now existing as ancillaries to the service, points out that these ordinary things are not merely what they seem superficially. "They really fuse," Dr. Allan says, "to contain an embryo growth—an expanding nucleus of information and usefulness. In this past year an attempt has been made to classify every child seen—and the numbers seen run into hundreds—according to disease, disability or defect. Over 120 cases of asthma-bronchitis, 100 cases of heart disease or abnormality, 40 cases of psychological instability, 15 mongols, mental defectives, endocrine imbalance, enuresis, epilepsy and so on—all are listed, and with the case-sheets a great deal of other information about each.

"Wherein lies the usefulness of this?" asks Dr. Allan.

"Firstly," he answers, "from a review of this information we can perhaps find out why and where certain diseases occur, in which families or districts, and under which social conditions. Knowing this, we can do more to prevent them as well as to treat them. In so far as treatment is concerned, we shall already have details of incidence, number and severity, and so as the ancillary services develop, as the country builds more convalescent homes, rheumatic schools, spastic centres, speech therapy units, etc., we shall be able both to advise on development and to fill those units in an orderly and rightful way. The aim is not only the widening of preventive medicine, but also the exploitation of all measures to develop a useful, suitable and happy life for the individual.

"Secondly, by initiation at Macclesfield of a follow-up clinic for heart cases, chest cases, endocrine cases, etc., culled with discretion from the original lists, each individual child is seen, reviewed and guided through its school years.

"To revert now to the other aspect of the work, the academic: in the past year a total of 175 patients from School Clinics have been admitted to hospital in Macclesfield for treatment or investigation. An attempt has been made to modernise methods of treatment and investigation. Lipiodol bronchography has been started, and cases of bronchiectasis, congenital cystic lung, etc., referred to the Thoracic Surgical Unit at Baguley. Congenital heart cases suitable for operation have been referred to and operated on at the Manchester Children's Hospital, Pendlebury. Useful liaison has been made with the Neuro-Surgical Unit also at Pendlebury, and finally close liaison has been established with the University Teaching Centres at Manchester and Pendlebury.

“Finally, by the initiation of a series of clinical meetings and lectures for the School Medical Officers, and a course of lectures for the nurses in Macclesfield West Park Hospital, an attempt has been made to promote enthusiasm, knowledge and efficiency, and to improve the standard of nursing. In addition, close contact between the County Medical Officer of Health and myself has been maintained and developed in an attempt to expand the scope and usefulness of the work.”

Orthopaedic Service.

Since 5th July, 1948, the orthopaedic service has been the financial responsibility of Regional Hospital Boards under the National Health Service Act. The County Council has been able to arrange for the existing clinics—the longest established of the specialist services—to continue unaltered, the specialist surgeons and the physiotherapists attending as before. The methods of ascertainment remain the same, children being referred to the surgeons by private doctors, or (with the approval of the private doctor) by School Medical Officers after medical inspection at schools or minor ailment clinics.

ATTENDANCES AT ORTHOPAEDIC CLINICS—

JANUARY TO DECEMBER, 1948.

Chester	102	Macclesfield	345
Congleton	600	New Ferry	1453
Crewe	739	Northwich	341
Dukinfield... ..	2433	Runcorn	893
Ellesmere Port	1200	Stalybridge	292
Hoyle	682	Stockton Heath	343
Hyde	774		

Children attending for sunlight treatment are the responsibility of the local authority unless referred for it by the specialist. The following were the attendances during 1948 by school children at the clinics specified:—

Dukinfield	2934
Hyde	1578
New Ferry	451
Sale	1025
Stalybridge	1042

HANDICAPPED CHILDREN

Numbers Resident in Special Schools, 1948

PHYSICALLY HANDICAPPED.

	Boys	Girls	Total
<i>Crippled (non-tuberculous)</i>			
Croydon, St. Margaret's	—	1	1
Hartshill, Orthopaedic Hospital (3-16 years)	6	4	10
Heswall, Royal Liverpool Children's Hospital	7	2	9
Leasowe, Liverpool Open Air Hospital (2-16 years)	27	25	52
Marple, Children's Orthopaedic Hospital (2-16 years)	4	5	9
Oswestry, Orthopaedic Hospital (3-16 years)	10	26	36
<i>Delicate and Various</i>			
Frankby, Torpenhow (7-13 years)	66	60	126
West Kirby, Children's Convalescent Home (3-14 years)	2	5	7
Heswall, Royal Liverpool Children's Hospital	12	13	25
Leasowe, Liverpool Open Air Hospital (2-16 years)	2	3	5
<i>Heart</i>			
Marton Camp	265	168	433
Leasowe, Liverpool Open Air Hospital (2-16 years)	7	6	13
Rainhill, St. Joseph's	—	1	1
<i>Tuberculous (Orthopaedic).</i>			
Oswestry, Orthopaedic Hospital (3-16 years)	24	15	39
Marple, Children's Orthopaedic Hospital (2-16 years)	7	3	10
Leasowe, Liverpool Open Air Hospital (2-16 years)	7	3	10
Heswall, Royal Liverpool Children's Hospital	2	—	2
Hartshill, Orthopaedic Hospital (3-16 years)	—	3	3
<i>Tuberculous (Gland)</i>			
Heswall, Royal Liverpool Children's Hospital	3	3	6
Leasowe, Liverpool Open Air Hospital (2-16 years)	5	7	12
<i>Blind</i>			
Henshaw's Institution for the Blind, Manchester	3	3	6
Liverpool School for the Blind	4	1	5
Preston School for the Partially-Sighted	5	—	5
Chorleywood College, Herts.....	—	1	1
Chalfont Colony, Bucks.	1	—	1
Worcester College for the Blind	1	—	1
West of England Partially-Sighted, Exeter	1	—	1
<i>Deaf</i>			
Royal Residential Schools for the Deaf	27	17	44
Liverpool School for the Deaf	5	1	6
Liverpool School for the Partially Deaf, Birkdale	3	3	6
North Staffs. Deaf School, The Mount, Staffs.	2	1	3
Boston Spa, Lincs.	1	1	2
<i>Epileptic</i>			
Soss Moss Epileptic Home, Alderley Edge	1	—	1
Maghull Epileptic Home, Liverpool.....	2	1	3
Colthurst House School, Alderley Edge	5	2	7
St. Joseph's School, Totteridge	—	1	1

EDUCATIONALLY SUB-NORMAL

Mary Dendy, Alderley Edge	46	36	82
Beacon Residential School, Lichfield	1	—	1
Vineyard School, Warwickshire	2	—	2
Besford Court, Worcester	2	—	2
Allerton Priory R.C. School, Liverpool	—	2	2

Physical Education

The Director of Education reports as follows for the year ended 31st July, 1949:—

Physical Education embraces all those aspects of education which influence the physical well-being and health of the school child, including his attitude to his body and its welfare, and any sound scheme of physical education must therefore include many and varied activities. It is now more generally realized that while prominence must be given to such activities as physical exercises, games, athletics, swimming and dancing, which form the basis of physical education in schools, and which are usually the direct concern of physical training teachers, there are other aspects of school life which directly influence the health of the child. These include personal hygiene, the development of good physical habits, correct nourishment, and respect for one's body, which cannot be classified and given time-table provision, but are the concern of every member of the school staff. In addition, there are many out-of-school activities such as camping, hiking and rambling, school journeys, youth hostels, etc., all of which contribute to physical well-being and which are being arranged by an ever increasing number of schools.

The attention being given in all types of schools to this wider development of physical education, which while catering for physical development has also great educational and social value, has been most noticeable during the past year. In short, there is a growing recognition among teachers of the very wide scope of physical education, and that it is a subject which is the concern of every teacher, and not merely of the physical education specialist working in isolation.

Physical Education

During the past year many teachers, in co-operation with the Organisers of Physical Education, have been developing a more informal approach to the teaching of physical exercises. The rigid and formal type of lesson is fast disappearing; boys and girls are being encouraged to develop movements and skills which have a direct personal appeal, and are given opportunities for initiative and more individual practice in exercises and movements suited to their own physical and mental capacities. Under this type of training much more freedom of action is allowed to all children, but it is most important that skilled guidance and encouragement should be given by the teacher both to a class as a whole and also to individuals, and that all work should be purposeful.

This informal approach to the teaching of physical exercises is being introduced into some of the work of senior as well as junior pupils and it is interesting to note that the

influence of modern dance is having its effect on the girls' gymnastics. Pupils are gaining a greater variety of experience by these methods and are showing considerable initiative, skill and self-discipline. They are becoming more sensitive to the various qualities of movement, learning the value of relaxation, and enjoying to the full the more objective type of exercise.

With so much more individual practice in various movements and skills, an adequate and varied assortment of equipment and apparatus is necessary, especially for younger children. Much of this equipment can be improvised and much skill and ingenuity has been shown in some schools in the making of suitable apparatus and equipment. At the same time, it has been possible during the past year to obtain for all schools a much better supply of physical training and games equipment.

Footwear and Clothing

There are now ample supplies of suitable footwear and clothing for physical activities, which can be purchased without the restrictions of clothing coupons. Pupils in Secondary Grammar and Secondary Modern Schools now provide themselves with suitable shoes and clothing for physical training and games, and while there has been considerable improvement in this respect in many Primary Schools, there is still much more to be done. It is realized that the storage of personal kit presents a difficulty in many schools, but this should not prevent children from changing into suitable attire. The importance of removing superfluous clothing, from infant classes upwards, cannot be over-stressed. As recommended in a previous report, short-sleeved blouses and knickers for girls, and shorts for boys, are the most suitable forms of dress for physical training lessons.

School Playgrounds

As much of the physical training activity is carried out in school playgrounds, it is most essential that there should be a properly surfaced playground in all schools. It is pleasing to note that in a few Voluntary Schools the Managers have repaired or re-surfaced playgrounds during the past year, but there are still many in need of urgent attention which are a definite handicap to all physical and recreative activities. Arrangements are in hand for the improvement, at the Authority's expense, of a number of Voluntary School playgrounds which have never been properly surfaced, and work is being carried out up to the maximum number of projects allowed by the Ministry of Education.

Organized Games

Better supplies of equipment, though not yet of pre-war standard, together with a continued interest in games generally, have produced a noticeable improvement in the standard of play in organized games. Games periods are being used to greater advantage, with more attention being given to sound coaching of major games. Adequate playing fields are being provided in all new schools, but there is still a lack of suitable playing fields for use by many of the older schools. Football is the chief major game for boys, and all playing fields are used to the full for this particular activity. The conditions for the proper coaching of cricket, which requires a good pitch, are not so favourable, and more satisfactory pitches are required.

In the past, with few exceptions, netball has been the one and only major game for girls in Secondary Modern Schools, owing to the lack of suitable facilities for other games. More games are now being introduced, however, such as hockey, shinty, tennis and rounders, which are dependent upon satisfactory facilities. Much more needs to be done to improve the surface of existing pitches for these games and to acquire additional playing fields. In the meantime, tennis courts and hockey grounds are being hired for the use of girls to an extent greater than ever before.

Athletics

Perhaps the most noticeable progress made during the year has been in the realm of athletics, in which schools are showing an ever increasing interest. Many more schools have arranged annual sports meetings, and with much more attention to essential details of organization, many very successful meetings have been held. Inter-school athletic meetings have been held in several districts, and for the first time a County Meeting was organized. While this meeting was not fully representative of the whole County area, a number of the best performers were selected to represent the County at the English Schools Athletics Meeting held at Carlshalton, Surrey.

While inter-school athletics sports are organized chiefly in the more populous centres of the County, it is pleasing to record a very successful meeting which was held in the Malpas Rural Deanery area, in which nineteen rural schools took part.

Some Secondary Schools are now gradually introducing more field events in their schemes of athletic training, and for this purpose discus, javelins and weights have been supplied. The necessity for training and coaching in athletics throughout

the year is becoming more widely realized, and athletics training is being introduced gradually into the organized games periods and also into gymnastic lessons in the school gymnasium.

With the increased supplies of games and athletics apparatus, there arises the problem of satisfactory storage and proper maintenance. Many schools have improved their storage arrangements, but there are others in which more attention should be given to this problem. It is important that all apparatus should be kept in serviceable condition and ready for use. Care in its maintenance is essential to ensure its maximum useful life.

Swimming

The good progress made in swimming instruction during the past few years has been fully maintained.

With one exception, full use has been made of all swimming baths available, and with the very sunny weather the classes attending open-air baths have had a full season's training. The standard of swimming continues to be high, and much credit is due to the many teachers whose teaching and coaching have been so satisfactory. Good style is still the main object of all instruction, and the high standard of performance of boys and girls during examinations for swimming certificates has been most noticeable. Though schools are concentrating upon teaching non-swimmers, it is possible in many areas to arrange for more advanced instruction to be given through a second and third season's training, thus enabling many swimmers to attain all-round proficiency, including advanced swimming strokes and life-saving.

The number of schools attending various swimming baths during the year was 220, and as a result of examinations conducted by the Organizers of Physical Education, the number of swimming certificates awarded was as follows: Advanced 86, 1st Grade 590, 2nd Grade 1652. In addition, a number of schools enter candidates for the various awards of the Royal Life Saving Society. Elementary life saving is included in the Authority's 1st Grade Certificate, but for the advanced certificate a high standard of practical life saving is required.

There has been an increase in the number of schools which arrange their own swimming galas, and inter-schools galas have been organized in some areas. Arrangements are now in hand for a County Schools Swimming Gala to be held in October, and this is once again to become an annual event.

Dancing

This subject is taking an increasing part in the school life of all types of schools, Scandinavian Folk Dancing being on the whole the most popular. More boys are now being included in the dancing lessons, particularly in the junior schools. A number of schools have arranged successful displays of dancing and much interest and enjoyment have been shown by both children and spectators.

Out-of-School Activities

No report on Physical Education can be complete without reference to the many and varied activities organized out of school hours. They have, in addition to their general physical aspect, important educational and social benefits, and are becoming part of the corporate life of many schools. Much good work is being done by teachers acting in a purely voluntary capacity in the organization of school and inter-school activities. While the arrangement of both school and inter-school games, sports meetings, swimming galas, etc., have been common in a number of schools for many years, there has recently been a development of other activities such as camping, school journeys, rambling, boxing, cycling, etc., and one school has formed a Canoe Club and has made its own equipment. This extension of the various types of out-of-school activities is worthy of encouragement, as they have such an excellent effect upon school life in general, as well as often inspiring a life-long interest in some sport or recreation.

Camping, in particular, is growing in popularity, and there is a demand by teachers for courses in general camp-craft. More schools are arranging school holiday parties, but actual camping is, as yet, attempted by comparatively few schools. It is felt that more schools would arrange camps during the holidays if teachers could receive training in general camp-craft, and it is hoped that special courses for teachers will be possible in the near future.

Reports received from the Hon. Secretaries of various Schools' Football, Athletics, Swimming Associations, testify to the excellent work which continues to be done by these Associations. In addition, there is much evidence of friendly matches being played regularly by girls' schools, in which league matches are not favoured to the same extent as in boys' schools.

The Organizers of Physical Education are always ready to advise and co-operate with teachers who wish to improve or extend their range of out-of-school activities.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1948

TABLE I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups—						
Entrants	.....	.....	.....	.....	.....	12011
Second Age Group	.....	.....	.....	.....	.....	9587
Third Age Group	.....	.....	.....	.....	.....	6555
				Total	.....	28153
Number of other Periodic Inspections					.....	2020
				Grand Total	.....	30173

B.—OTHER INSPECTIONS

Number of Special Inspections	.....	.....	.....	.....	10796
Number of Re-Inspections	.....	.....	.....	.....	9133
				Total	19929

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin)

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table IIA	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	147	2135	2228
Second Age Group	645	1372	1961
Third Age Group	559	755	1283
Total (prescribed groups)	1351	4262	5472
Other Periodic Inspections	5	20	19
Grand Total	1356	4282	5491

TABLE II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31ST DECEMBER, 1948

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of Defects		No. of Defects	
		Requiring treatment	Requiring to be kept under ob- servation but not requiring treatment	Requiring treatment	Requiring to be kept under ob- servation, but not requiring treatment
(1)	(2)	(3)	(4)	(5)	
4	Skin —	198	94	273	19
5	Eyes—				
	(a) Vision —	1293	452	633	158
	(b) Squint —	242	162	68	41
	(c) Other —	266	68	158	16
6	Ears—				
	(a) Hearing —	72	77	51	18
	(b) Otitis Media —	92	39	77	7
	(c) Other —	130	32	78	24
7	Nose or Throat —	1411	2253	146	483
8	Speech —	50	130	36	28
9	Cervical Glands —	48	973	15	123
10	Heart and Circulation —	205	400	90	103
11	Lungs —	283	487	70	89
12	Developmental—				
	(a) Hernia —	39	26	14	9
	(b) Other —	15	54	1	3
13	Orthopaedic—				
	(a) Posture —	231	135	33	37
	(b) Flat Foot —	305	178	52	23
	(c) Other —	260	227	90	49
14	Nervous System—				
	(a) Epilepsy —	11	19	15	19
	(b) Other —	32	74	19	23
15	Psychological—				
	(a) Development —	35	293	21	303
	(b) Stability —	18	78	18	44
16	Other—	328	317	1278	374

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN AGE GROUPS

Age Groups	No. of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	12011	4207	35.0	7168	59.7	636	5.3
Second Age Group	9587	3240	33.8	5689	59.3	658	6.9
Third Age Group	6555	2941	44.9	3349	51.1	265	4.0
Other Periodic Inspections	2020	188	9.3	1699	84.1	133	6.6
Total	30173	10576	35.0	17905	59.4	1692	5.6

TABLE III
Treatment Tables

GROUP I.—MINOR AILMENTS
(excluding Uncleanliness, for which see Table V)

(a)	Number of Defects treated, or under treatment, during the year
Skin—	
Ringworm—Scalp :	
(i) X-Ray treatment	38
(ii) Other treatment	31
Ringworm—Body	81
Scabies	343
Impetigo	1669
Other Skin diseases	1030
Eye Disease	1149
(External and other, but excluding errors of refraction, squint and cases admitted to hospital)	
Ear Defects	1040
Miscellaneous	10214
(<i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.)	
Total	15595

(b) Total number of attendances at Authority's minor ailments clinics 53712

GROUP II.—DEFECTIVE VISION AND SQUINT
(excluding Eye Disease treated as Minor Ailments—Group I)

	No. of defects dealt with
ERRORS OF REFRACTION (including squint). — —	6019
Other defect or disease of the eyes (excluding those recorded in Group I) — — — — —	1065
Total —	<u>7084</u>
No. of Pupils for whom spectacles were (a) Prescribed —	2857
(b) Obtained —	1324

GROUP III.—TREATMENT OF DEFECTS OF NOSE
AND THROAT

	Total number treated
Received operative treatment—	
(a) for adenoids and chronic tonsilitis — —	839
(b) for other nose and throat conditions — —	18
Received other forms of treatment — — —	113
Total —	<u>970</u>

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) No. treated as in-patients in hospitals or hospital schools	185
(b) No. treated otherwise <i>e.g.</i> in clinics or out-patient departments — — — — —	1128

GROUP V.—CHILD GUIDANCE TREATMENT AND
SPEECH THERAPY

No. of pupils treated (a) under Child Guidance arrangements	96
(b) under Speech Therapy arrangements	77

TABLE IV
Dental Inspection and Treatment

(1) Number of pupils inspected by the Authority's Dental Officers—					
(a)	Periodic Age groups	—	—	—	77688
(b)	Specials	—	—	—	4933
(c)	TOTAL (Periodic and Specials)	—	—	—	<u>82621</u>
(2)	Number found to require treatment	—	—	—	43485
(3)	Number actually treated	—	—	—	35290
(4)	Attendances made by pupils for treatment	—	—	—	49827
(5)	Half-days devoted to :	(a)	Inspection	—	830
		(b)	Treatment	—	7276
			Total (a) and (b)	—	<u>8106</u>
(6)	Fillings	Permanent Teeth	—	—	36309
		Temporary Teeth	—	—	4254
		Total	—	—	<u>40563</u>
(7)	Extractions :	Permanent Teeth	—	—	4439
		Temporary Teeth	—	—	34795
		Total	—	—	<u>39234</u>
(8)	Administration of general anaesthetics for extraction	—	—	—	<u>3265</u>
(9)	Other Operations :	(a)	Permanent Teeth	—	8697
		(b)	Temporary Teeth	—	2191
			Total (a) and (b)	—	<u>10888</u>

TABLE V
Infestation with Vermin

(i)	Total number of examinations in the schools by the school nurses or other authorized persons	—	—	—	236306
(ii)	Total number of <i>individual</i> pupils found to be infested	—	—	—	6402
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—	—	—	127
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—	—	—	28

